

EXPRESSION OF INTEREST FORM

(For members seeking reappointment to a City of Rockville Board or Commission)

Name: Adolph Edward Vezza

Address: _____

Home Phone Number: _____ Work Phone Number: ☐ _____Email address:
adolph.vezza@fda.hhs.gov

(Note: Work phone numbers are only for staff use)

Name of current Board (or Commission): Rockville Scholarship Foundation**Please complete the following:**How long have you served on this Board or Commission? 3 years

Why do you wish to be considered for reappointment by the Mayor and Council?

I enjoy serving on the board – it gives me an opportunity to help children who need it.

What other information should be considered for your reappointment? (Examples: Ways in which you have personally contributed to the work of the Board or Commission; leadership roles you have held on behalf of the work of the group such as chair, head of a committee or task force)

Please attach an updated resume or additional information (Optional)

Please indicate here [X] yes or [] no whether or not the City may give elected officials who serve Rockville (other than the Mayor and Council) your name and address. This information will not be used for any fundraising or campaign mailings. No phone numbers will be given.

Please submit this information to: Mayor and Council c/o City Clerk's Office, 111 Maryland Avenue, Rockville, Maryland 20850. 240-314-8280

Thank you!